

# PCT

## REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference  
(if desired) (12 characters maximum) 08831-012

<b>Box No. I TITLE OF INVENTION</b>	
Method and device using myoelectrical activity for optimizing a patient's ventilatory assist	
<b>Box No. II APPLICANT</b> <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
MAQUET CRITICAL CARE AB Röntgenvägen 2 SE-171 95 Solna SWEDEN	
Telephone No. 011-468-730-7922	
Facsimile No. 011-468-730-7520	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: SE	State (that is, country) of residence: SE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<b>Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)</b>	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
SINDERBY, Christer 40 Humberview Road Toronto, Ontario M6S 1W6 CANADA	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: CA	State (that is, country) of residence: CA
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
<b>Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE</b>	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
PRINCE, Gaétan; KOSIE, Ronald S.; FOURNIER, Claude; BRITT, Katherine BCF LLP 1100 René-Lévesque Blvd. West, 25th Floor Montréal, Québec H3B 5C9 CANADA	
Telephone No. 514-397-6725	
Facsimile No. 514-397-8515	
Teleprinter No.	
Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

**Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)***If none of the following sub-boxes is used, this sheet should not be included in the request.*

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

BECK, JENNIFER  
40 Humberview Road  
Toronto, Ontario M6S 1W6  
CANADA

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

CA

State (that is, country) of residence:

CA

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

SPAHIJA, Jadranka  
170 Lockhart  
Town of Mount-Royal, Québec H3P 1Y1  
CANADA

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

LINDSTRÖM, Lars  
Lekevallsgatan 46  
43169 Molndal  
SWEDEN

This person is:

- ☐ applicant only  
☒ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

SE

State (that is, country) of residence:

SE

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only  
☐ applicant and inventor  
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

*See Notes to the request form*

**Box No. IX CHECK LIST; LANGUAGE OF FILING**

This international application contains:

(a) in paper form, the following number of sheets:

request (including declaration sheets) : 4  
 description (excluding sequence listing and/or tables related thereto) : 39  
 claims : 6  
 abstract : 1  
 drawings : 7

Sub-total number of sheets : 57

sequence listing :  
 tables related thereto :

(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)

Total number of sheets : 57

(b) ☐ only in computer readable form (Section 801(a)(i))

(i) ☐ sequence listing  
 (ii) ☐ tables related thereto

(c) ☐ also in computer readable form (Section 801(a)(ii))

(i) ☐ sequence listing  
 (ii) ☐ tables related thereto

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the

☐ sequence listing: .....  
☐ tables related thereto: .....

(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

- |   |     |
|---|-----|
| 1. <input checked="" type="checkbox"/> fee calculation sheet  | : 1 |
| 2. <input type="checkbox"/> original separate power of attorney   | :   |
| 3. <input type="checkbox"/> original general power of attorney  | :   |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: .....  | :   |
| 5. <input type="checkbox"/> statement explaining lack of signature  | :   |
| 6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): .....   | :   |
| 7. <input type="checkbox"/> translation of international application into (language): .....   | :   |
| 8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material  | :   |
| 9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)   | :   |
| (i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :   | :   |
| (ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter :              | :   |
| (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column :   | :   |
| 10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)  | :   |
| (i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) :  | :   |
| (ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) : | :   |
| (iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column :   | :   |
| 11. <input type="checkbox"/> other (specify): .....   | :   |

Figure of the drawings which should accompany the abstract: 5

Language of filing of the international application: ENGLISH

**Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

BCF LLP

by: \_\_\_\_\_  
 Gaétan PRINCE

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1. Date of actual receipt of the purported international application:

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA /

6. ☐ Transmittal of search copy delayed until search fee is paid

2. Drawings:

☐ received:☐ not received:

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Applicant's or agent's  
file reference

08831-012

Date stamp of the receiving Office

Applicant

MAQUET CRITICAL CARE AB et al.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE . . . . . 300 T

2. SEARCH FEE . . . . . 1600 S

International search to be carried out by CA

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 57  
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

i1 first 30 sheets . . . . . 1489 i1

i2 27 x 16 = 432 i2  
number of sheets fee per sheet  
in excess of 30

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x = i3  
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I . . . . . 1921 I

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) . . . . . P

5. TOTAL FEES PAYABLE . . . . . 3821

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

MODE OF PAYMENT

- ☐ authorization to charge deposit account (see below) ☐ postal money order ☐ cash ☐ coupons  
☐ cheque ☐ bank draft ☐ revenue stamps ☒ other (specify): credit card

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

- ☐ Authorization to charge the total fees indicated above.  
☐ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.  
☐ Authorization to charge the fee for priority document.

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Signature: